

Human Resources
200 North Bernard Street
Spokane, WA 99201-0282

phone (509) 354-7265
fax (509) 354-5963
www.spokaneschools.org



Dear Spokane Public Schools Employee:

You are being provided with copies of the Washington State Sexual Misconduct Disclosure Release Form. In accordance with RCW 28A.400.301, we are required to obtain this form from each of your former public/private school employers. WAC 181-88-020 defines “employee” to include all classified employees (including extracurricular employees), all certificated employees, and all substitute employees. In summary, if you were paid by a school for working, that school district must complete the form.

If you *have never* worked for a K-12 public school, ESD or private school in a paid position:

- ✓ Check the box in the upper right corner of the Washington State Sexual Misconduct Disclosure form
- ✓ Fill in your name & Social Security number in the middle section
- ✓ Sign and date the form
- ✓ Return the form to Spokane Public School Human Resources department

If you *have* worked for a K-12 public school, ESD or private school in a paid position, including Spokane Public Schools, there are two (2) steps that need completed.

Step 1:

- ✓ Complete the top half of the Washington State Sexual Misconduct Disclosure form
- ✓ Complete one form for each school that you received pay from
- ✓ Sign and date the form(s)
- ✓ Return the form(s) to Spokane Public Schools Human Resources department

Step 2:

- ✓ Complete the “Previous Paid Experience” form that includes the school name, email or fax number, city and state/Country
- ✓ Sign and date the form
- ✓ Return the form to Spokane Public Schools Human Resources department

Until we have obtained these forms from previous school employers with satisfactory results, you will be employed on a conditional basis only. If we do not receive the appropriate forms back from each school employer within 20 days of your hire, you may be restricted from working.

If you have questions regarding this process, please feel free to contact your HR Specialist.

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Previous Paid Experience

In accordance with RCW 28A.400.301, we are required to obtain the Washington State Sexual Misconduct Form from each of our former school employers. WAC 181-88-020 defines “employee” as any employee or former employee of a school district including all classified employees (including extra-curricular), all certificated employees and all substitute employees. In summary, if you were paid by a K-12 school district or private school for working, that K-12 school district/private school must complete a Washington State Sexual Misconduct Form.

Check one:

I have not had any prior paid school employment. Please sign and date the affidavit below.

I have had prior paid school employment (this includes any previous employment with Spokane Public Schools, overseas experience, out of state, or substituting). Please list below any school districts that you have been paid by, including out of state school districts or private schools, as well as schools in foreign countries, and sign and date the affidavit below.

School Name	Email Address	Fax Number	City	State/Country

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I authorize Spokane School District to conduct a background investigation into my past employment, education, vocational, and other activities such as my credit card and criminal background. I further authorize any current/former employer, person, firm, corporation, educational or vocational institution, or government agency to provide the District to which I am applying with any information regarding me. I hereby release and discharge said District and those who provide, receive or use such information from any and all liability as a result of furnishing and receiving this information. I understand and agree that false or misleading information, including omissions, in this document or other application materials shall be sufficient cause for dismissal or refusal to hire. References and personal information shall be regarded as confidential and shall not be revealed to me. I understand that any offer of employment that may be made to me is conditional and subject to the acceptable outcome of a criminal history sexual misconduct background check and fair credit reporting; and the approval of the District’s Board of Directors.

Print Name: _____

 Signature Date



WASHINGTON STATE SEXUAL MISCONDUCT DISCLOSURE RELEASE

(District Submits This Form to Previous School District Employer(s))

To:	SCHOOL DISTRICT EMPLOYER	<input type="checkbox"/> No prior school district employment
	PERSONNEL DEPARTMENT	
	STREET ADDRESS	
	CITY, STATE, ZIP	

The named applicant is under consideration for a position in our district. The Legislature has determined that additional safeguards are necessary in the hiring of school district employees to ensure the safety of Washington's school children. The individual whose name appears below has had previous employment with your organization. As a former employer, we request you provide the information requested on this form within 20 business days as required by state law (RCW 28A.400). Sexual misconduct definitions are found in WAC 181-87 and WAC 181-88. Your assistance is appreciated.

APPLICANT'S NAME (FIRST, MIDDLE, LAST)	
FULL NAME WHEN LAST EMPLOYED WITH ORGANIZATION	
SOCIAL SECURITY NUMBER	CERTIFICATE NO.
APPROXIMATE DATES OF EMPLOYMENT	
POSITION(S)	

I authorize you to release to the school/district listed below, all information related to any acts of sexual misconduct that the school district has made a determination that there is sufficient information to conclude that the abuse or misconduct occurred and that the abuse or misconduct resulted in the employee's leaving his or her position at the school district. Such information includes copies of all related documents, including any rebuttal documents, in personnel, investigative or other files, in accordance with RCW 28A.400. I release the above employer and employees acting on behalf of the employer from any liability for providing information described in this document.

Applicant Signature

Date

This section to be completed by former school district employer(s) only.

- No sexual misconduct materials were found.
- Yes, sexual misconduct materials are available.
Please contact for more information.
- No record of employment

Was a complaint of sexual misconduct filed with OSPI? Yes No

Former Employer Representative Signature

Title

Date

Employing School Receipt Date _____

Received By _____

Return all completed information to:

SCHOOL DISTRICT Spokane Public Schools		Attn: Joanna Kopp
ADDRESS 200 N Bernard, Spokane		PHONE (509) 354-7265
STATE WA	ZIP 99201	FAX (509) 354-5963